



Docket No.:

F0279

Applicant:

Ramsbey, et al.

Title:

ESD IMPLANT FOLLOWING SPACER DEPOSITION

I hereby certify that the attached CPA patent application (along with any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date March 20, 2003, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL798607905US addressed to: Box CPA, Assistant Commissioner for Patents, Washington, D.C. 20231.

Valerie A. Salvino

(Typed or Printed Name of Person Mailing Paper)

Valerie A. Salvino

(Signature of Person Mailing Paper)

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (i))	9	-20* =	0	x \$ 18.00 = \$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	3	-3** =	0	x \$ 84.00 = 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ 0 = 0	
				BASIC FEE (37 CFR 1.16)	750.00
				Total of above Calculations =	750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.			TOTAL =	\$750.00

6. Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 1063:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

8. A check in the amount of \$ _____ is enclosed.

9. Payment by credit card. Form PTO-2038 is attached.

10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.

11. New Attorney Docket Number, if desired
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

13. Other: Express Mail Certificate

NOTE: The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label

23623

(Insert Customer No. or Attach bar code label here)

or New correspondence address below

Name	23623			
Address				
City	State		Zip Code	
Country	Telephone		Fax	

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	Gregory Turocy
Signature	
Registration No. (Attorney/Agent)	36,952
Date	March 20, 2003

RECEIVED
MAR 25 2003
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